PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09/830374

1		CLAIMS	AS FILE	D - PART									
				(Column 1) (Colu			SMALL ENTITY TYPE			0.1		R THAN	
	TOTAL CLAIN						RATE	FEE	OF		L ENTITY		
	FOR		NUMB	ER FILED	NUA	MBER EXTRA	1	BASIC F		_	RATE		
-	TOTAL CHARG	L CHARGEABLE CLAIMS		#3minus 20=		* . 12			170	COF	BASIC FE	E	
11-	INDEPENDENT CLAIMS			3 minus 3 =		25_	1	X\$ 9=	20	∑ OF	X\$18=		
11-		ENDENT CLAIM	PRESENT	minus 3 =				X40=	-	OF	X80=		
12				d19 0	210	COCCO		_# 135=		OF	+270=		
Two new clause of			is less than	3 and 13 are cancer less than zero, enter "0" in column 2			cee	TOTAL	12	7 OF	`		
–		CLAIMS AS	AMENDI	DED - PART II								DTUAN	
_	(Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL	
	Total	. 45	Minus	1 4	15	=		X\$ 9=		OR.	X\$18=	FEE	
	Independent		Minus	***	3	=		X40=	- Contractions	and	<u> </u>		
	THIST PRES	ENTATION OF N	MULTIPLE D	EPENDENT	CLAIM		 -	-	CALIFER MANAGEMENT	OR	X80=		
•						,	L	+135=	C. C	OR	+270=		
	•						Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	Marianes - Maria	(Column 1) CLAIMS		(Colum		(Column 3)	·	·					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	*	Minus	**		=		X\$ 9=	b-L-		X\$18=	FEE	
	Independent	*	Minus	***	-	=	-	X40=		OR			
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT C	CLAIM		-	A40=		OR	X80=	· .	
	All Marian Marian						L	+135=		OR	+270=		
							AD	TOTAL DIT. FEE		OR ,	TOTAL DDIT. FEE		
	again an grafalan an an an Albana an	(Column 1) CLAIMS	Transi ng kapabangan s	(Column		(Column 3)				- ,	.0011.1 LL		
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	*	Minus	**		=		(\$ 9=	155		X\$18=	FEE	
A ME	Independent	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Minus	***		=	-			OR			
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT C	LAIM			<40=		OR	X80=		
* If	the entry in colur	nn 1 is less than th	o optne in act		• • •		+	135=		OR	+270=		
***	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL		
		ber Previously Paid					ound i	n the appr	opriate box	AL in colur	ODIT, FEE L. on 1.		
			1. 1. 1. 1. 1.					TP.	, 20A	.,, 55,41		J	